

PTO/SB/97 (08-03)

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ATTACHED- REQUEST FOR CONTINUED EXAMINATION

(PTO/SB/30), in duplicate;

- PETITION FOR ONE MONTH EXTENSION (PTO/SB/22),
in duplicate; and
- FEE TRANSMITTAL (PTO/SB/17), in duplicate.

CUSTOMER NO.: 24498
Serial No.: 10/510,055
Docket No.: PU020098
Art Unit: 2621
Examiner: Nigar Chowdhury

TOTAL NUMBER OF PAGES INCLUDING THIS SHEET:7

This collection of information is required by 37 CFR 1.8. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1.8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

for FY 2007

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 930.00

Complete If Known

Application Number 10/510,055
 Filing Date October 4, 2004
 First Named Inventor Scott Allan Kendall
 Examiner Name Nigar Chowdhury
 Art Unit 2621
 Attorney Docket No. PU020098

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METHOD OF PAYMENT (check all that apply)

CUSTOMER NUMBER: 24498

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity	Fee (\$)	Fee Paid (\$)
50	25	

Each independent claim over 3 (including Reissues)

200	100	
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Multiple dependent claims

300	180	
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Total Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

- or HP =

x

\$50

=

\$

HP = highest number of total claims paid for, if greater than 20.

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

Independent Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

- or HP =

x

\$200

=

0

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)


Other (e.g., late filing surcharge): FEE FOR ONE MONTH EXTENSION - \$120.00

RCE FEE

- \$810.00

\$930.00

SUBMITTED BY

Name (Print/Type)	REITSENG LIN	Registration No. (Attorney/Agent)	42,804	Telephone	(609) 734-6813
Signature					February 27, 2008

This collection of information is required by 37 CFR 1.130. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. This will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-6100 and select option 2.